U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - /5006

2. Fiscal Year Covered From:
1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Joseph A Buhowsky

P.O. Box, Bldg., Room No., if any

Street 85 Tahoe Court #201

City San Ramon

State CA 94582 ZIP Code + 4 4865

4. Name, file number, and address of labor organization.

Name IBEW Local 595

Labor Organization File Number 036247

P.O. Box, Building and Room Number, if any

Street 6250 Village Parkway

City Dublin

State CA 94568 ZIP Code + 4 3004

5. Position in labor organization.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the instructions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name Northern Cal. Chapter NECA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6300 Village Parkway

City Dublin

State CA 94568 ZIP Code + 4 3006

7.a. Nature of Interest, Transaction, or Income.

Reimbursement for food & travel expenses while attending NECA's electrical project supervision train the trainer course in Nashville, TN. 3-22-04 thru 3-26-04

7.b. Amount.

$256.21

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Joseph A Buhowsky On 8 14 05 925 735-6256

Date   Telephone Number

Form LM-30 (2003)

Name of Person Filing Joseph A. Bukowsky	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a *substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business* of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ALAMEDA COUNTY ELECTRICAL SATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3033 ALVARADO ST. City SAN LEANDRO State CA 94577 ZIP Code + 4 5750	a. Labor Organization b. Trust X c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name SEE ABOVE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Apprentice Graduation & Dinner 2/28/04 1/2 LF $50.00
	11.b. Approximate dollar value of such dealing. $50.00
	12.a. Nature of interest held or income received.
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Form LM-30 (2003)